

# Tobacco Surveillance Report

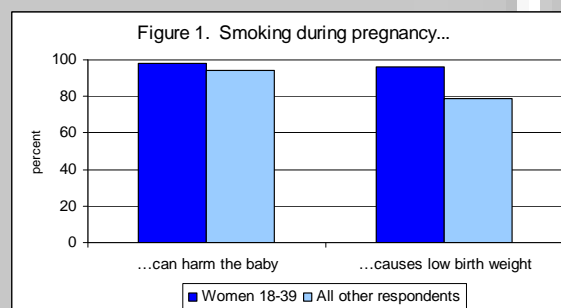
## Special Report

September, 2007

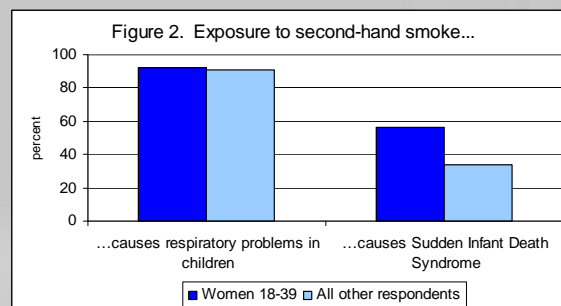
### Awareness Lags on Dangers of Smoking and Second Hand Smoke to Babies

Data from the 2006 Montana Adult Tobacco Survey (ATS) indicate a lag in awareness about the harm that smoking and second-hand smoke can cause in children both before and after birth. Last year 2,437 Montanans, including 282 women between the ages of 18 and 39,<sup>1</sup> took part in the anonymous telephone survey, which is conducted annually. They were asked about the impacts of smoke exposure on fetal development, birth weight, Sudden Infant Death Syndrome (SIDS), and childhood respiratory problems.

Among women age 18 to 39 years, 98% believed that smoking during pregnancy harmed the baby and 96% were aware of the association between smoking and low birth weight, compared to 91% and 79%, respectively, of other respondents (Figure 1).



Among women age 18 to 39 years, 92% believed second-hand smoke caused respiratory problems in children but only 56% believed it caused SIDS. Among other respondents, knowledge of the association with respiratory problems (91%) was similar but knowledge of the association with SIDS was very low (34%; Figure 2).



Awareness of the adverse effects of smoking and second-hand smoke on babies lags behind awareness for chronic disease. Most respondents believed smoking and second-hand smoke caused lung cancer (95% and 86%) and heart disease (77% and 76%). Only one third believed second-hand smoke was a risk for SIDS. Awareness was higher among women between the ages of 18 and 39, but nearly half were not aware of the association between second-hand smoke and SIDS.

Only 11% of respondents with children permitted smoking in their homes and only 8% reported smoking had occurred at home in the week before the survey, suggesting most Montana children are protected from second-hand smoke at home. However, according to preliminary data from the Montana Office of Vital Statistics, 18% of women reported smoking during pregnancy in 2006.

1. In 2005, only 2% of births in Montana occurred to women age 40 and older and only 3% occurred to women younger than age 18. Montana Office of Vital Statistics, 2006.

## Nearly One in Five Montana Babies is Born to A Mother Who Smokes During Pregnancy

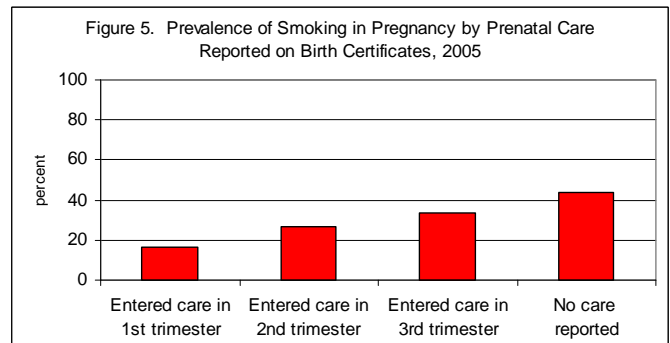
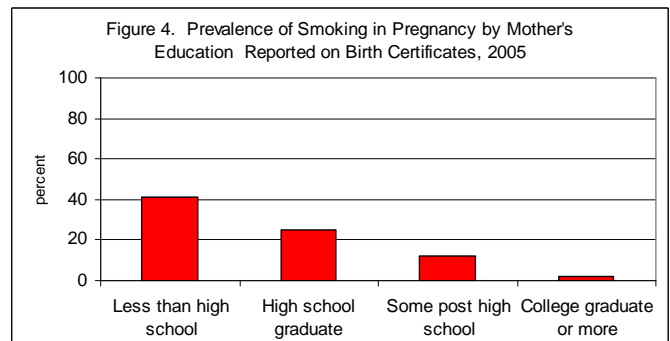
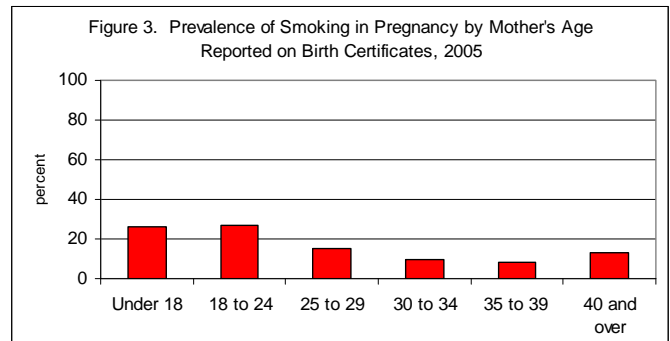
Based on information reported on birth certificates,\* the proportion of Montana women smoking during pregnancy has been close to 20% since 1990.

More unmarried (34%) than married women (10%) reported smoking in pregnancy in 2005. More women under age 18 (26%) and age 18 to 24 (27%) reported smoking during pregnancy than women age 25 and older (Figure 3).

Smoking during pregnancy was much more common among women with less than a high school education (41%) than women with a high school education (25%), some post high school education (12%), or women who were college graduates or more (2%; Figure 4).

Smoking during pregnancy was least common among women who entered prenatal care in the first trimester (16%), increased with later entry into care (27% and 34% for second and third trimester), and most common among women who reported no prenatal care (44%; Figure 5).

These maternal characteristics are highly correlated. Looking at the factors jointly, age was not a significant predictor of smoking during pregnancy. Unmarried women were three times more likely to smoke in pregnancy than married women. Women with a high school education or less were four times more likely to smoke than women with education beyond high school. Women who reported no prenatal care were more than twice as likely to smoke as women who entered in prenatal care in the first trimester.



Women who enter prenatal care late or not at all are especially hard to reach with smoking cessation advice. Although advice and support cannot be provided to these women during pregnancy, it can be offered after delivery and during postnatal visits, with the goal of protecting both mother and newborn from the hazards of smoking.

\*We thank the Office of Vital Records for access to and help with birth certificate data. We have deleted cases with missing data from this analysis and rounded percentages to whole numbers, which may create minor differences between data reported here and those reported in Vital Statistics documents.

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